



REPORT TO THE LICENSE DIVISION OF THE CITY OF MILWAUKEE OF A LICENSED PREMISES GOING OUT OF BUSINESS

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Date: _____

I, _____, wish to surrender my
Print Name

_____ license(s) for _____
Type(s) of license(s) Business Name

located at _____
Premises Address

Check one:

☐ I am surrendering the actual license(s) at this time.

☐ I am not surrendering the actual license(s) for following reason: _____

I understand that if I wish to surrender my license after receiving a notice for a hearing on nonrenewal, revocation or suspension, I must request, in writing, permission from the License Committee to do so prior to the date of the hearing. The committee may approve the request, or deny the request and proceed with the hearing.

SUBSCRIBED & SWORN TO BEFORE ME THIS

_____ day of _____, 20_____

Print Name

Notary Public, State of Wisconsin

My Commission expires _____
Notary Seal Must Be Affixed

Signature of Individual, Partner,
Agent, Officer or Member

Office Use Only:

Filed: _____ Initials: _____ License #(s) _____

License Coordinator queued to ☐ HD ☐ DNS ☐ MPD ☐ Other _____ Date _____